SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

Type of request	? INITIAL	? MODIFICATION	? DELETION	DATE

PART I *(To be completed by User)*

1. NAME (LAST, First, MI)	2. SOCIAL SECURITY NUMBER

3. ORGANIZATION	4. ORGANIZATION	5. ACCOUNT CODE

6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE *(DSN)*

STATEMENT OF ACCOUNTABILITY

I undersigned my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access

SIGNATURE	DATE

PART II *(To be completed by User's Security Manager)*

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION

12. VERIFIED BY *(Signature)*	13. PHONE NUMBER	14. DATE

PART III *(To be completed by User's Supervisor)*

15. ACCESS REQUIRED *(Location) - i.e. DMC or DMC's*

16. ACCESS TO CLASSIFIED REQUIRED?	17. TYPE OF USER: ? SECURITY ADMINISTRATOR
	? FUNCTIONAL ? APPLICATION DEVELOPER
	? SYSTEM ? OTHER *(Specify)*

18. JUSTIFICATION FOR ACCESS

ACCOUNTABLE UIC:

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her function.

19. SIGNATURE OF SUPERVISOR	20. ORG,/DEPT.	21. PHONE NUMBER	22. DATE
23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG./DEPT.	25. PHONE NUMBER	26. DATE

PART IV *(To be completed by AIS Security Staff adding user)*

27. USERID *(Mainframe)*	28. USERID *(Mid-Tier)*	29. USERID *(Network)*
30. SIGNATURE	31. PHONE NUMBER	32. DATE

DISA FORM 41, SEP 96